



### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

#### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization to Obtain Consumer Reports**

Consumer reports may be necessary to evaluate my application for employment, or my job status if employed. These reports may include my driving record or other information.

By signing this agreement, I authorize the procurement of such reports now and as needed in the future, to evaluate my status for employment, insurability and for any other permissible purpose.

\_\_\_\_\_  
Signature of Applicant / Employee

\_\_\_\_\_  
Print Full Name (clearly)

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
Class (A,B,C,D,M)

\_\_\_\_\_  
State of Issued License:

CDL? YES  NO  ENDORSEMENTS: \_\_\_\_\_

**Additional Information**

You can use this area to include additional information about yourself that was not covered in previous sections of this application that you feel we, as an employer, should know about yourself. (CDL / Certifications / Skills / etc.)

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**Office Use Area**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION DATA SHEET**

This information is requested by the City of Madison Affirmative Action.

<b>Last Name (Print Clearly)</b>	<b>First Name</b>	<b>MI</b>	<b>Date</b>
Application for position of: _____			
DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____		

**VETERAN STATUS: (please check one)**

- Non Veteran
- Veteran claiming disability (DD214 Form and Veteran s Disability Form must be attached)
- Veteran (DD214 Form must be attached)
- Other (specify service dates)

The City of Madison has adopted an Affirmative Action Ordinance in compliance with State and Federal Law and City of Madison policies and ordinances. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and evaluate the effectiveness of our recruitment efforts. This sheet will be removed from your application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information this information will not subject you to any adverse treatment.

**RACIAL AND/OR ETHNIC HERITAGE // (Please check the appropriate category)**

- White, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Black or African American, not Hispanic/Latino origin. (A person having origins in any of the Black racial groups of Africa.)
- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South of=r Central America, or other Spanish culture or origin, regardless of race.)
- American Indian or Alaskan Native, not of Hispanic/Latino origin. (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)
- Asian, not Hispanic/Latino origin. (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Native Hawaiian or Other Pacific Islander, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Islands.)
- Two or more races, not Hispanic/Latino origin. (All persons who identify with more than one of the above races.)
- Black or African American, not Hispanic/Latino origin. (A person having origins in any of the Black racial groups of Africa.)
- Other (specify) \_\_\_\_\_

**GENDER:**  Male  Female

**DISABILITY:** Do you have a disability?  Yes  No

The City of Madison considers a person with a disability anyone who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act.